Kentucky Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS1E-C
Frankfort, KY 40621-0001

Rabies Post-Exposure Prophylaxis Report Form

DEMOGRAPHIC DATA

Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender ☐ M ☐ F ☐ Unk

Address	City	State	Zip	County of Residence

Phone Number	Patient ID Number	Ethnic Origin ☐ His. ☐ Non-His.	Race ☐ W ☐ B ☐ A/PI ☐ Am.Ind. ☐ Other

RABIES EXPOSURE INFORMATION

Date of Exposure to Animal _____/_____/_____	Animal Causing Exposure (dog, cat, bat, skunk, etc.) _____	Specify Type of Exposure ☐ Bite ☐ Lick ☐ Other_____

Animal Available for 10 Day Observation? ☐ Yes ☐ No	Animal Killed? ☐ Yes ☐ No	Animal Tested? ☐ Yes ☐ No	Test Results ☐ Pos. ☐ Neg.

Did animal exhibit signs of rabies? ☐ Yes ☐ No
If yes, explain_____

If not observed or tested, why not?

Name of Local Health Department in Charge of the Animal Quarantine: _____

Did animal die of natural causes? ☐ Yes ☐ No	If yes, when: ____/____/___	If a domestic animal, was it owned? ☐ Yes ☐ No	Was it vaccinated for rabies? ☐ Yes ☐ No When ____/___/___

PATIENT POST-EXPOSURE VACCINATION INFORMATION

HDCV, RVA or PCEC vaccine started ____/____/____ Please circle the type of vaccine used.	Last dose given on: _____/_____/_____	Total # of doses _____

Was human rabies immune globulin (HRIG) administered? ☐ Yes ☐ No	If yes, when? ____/___/___	How much? _____ml

Payment Source:
☐ Private Insurance ☐ Medicaid ☐ Medicare ☐ Workers Comp. ☐ Out-of-Pocket ☐ No Payment

Submit this form on Completion of PEP Series.

Person or Agency Completing form: Name: Agency:	Attending Physician: Name:
Address:	Address:
Phone: Date of Report: / /	Phone:

THIS FORM IS FOR RABIES POST EXPOSURE PROPHYLAXIS REPORTING ONLY!!!

Do not use this form to report an animal bite, they are reportable directly to the local health department.

EDUCATION PAYS